	1. TRANSMITTAL NUMBER:	2. STATE:		
TRANSMITTAL AND NOTICE OF APPROVAL OF	0 3 - 0 0 3	TENNESSEE		
STATE PLAN MATERIAL	3. PROGRAM IDENTIFICATION: TITL			
FOR: HEALTH CARE FINANCING ADMINISTRATION	SECURITY ACT (MEDICAID)			
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE			
HEALTH CARE FINANCING ADMINISTRATION				
DEPARTMENT OF HEALTH AND HUMAN SERVICES 5. TYPE OF PLAN MATERIAL (Check One):	July 1, 2003			
5. THE OF PEAN MATERIAL (Office Off).				
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CON	SIDERED AS NEW PLAN 🔲 AI	MENDMENT		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENI	DMENT (Separate Transmittal for each am	endment)		
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	ra 200		
42 CFR 447		50,000 00,000		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSE			
U. PAGE HOMBERTON THE PERMISENTAL TRANSPORTER.	OR ATTACHMENT (If Applicable):			
Attachment 4.19B Item 4.b.				
		:		
10. SUBJECT OF AMENDMENT:				
Methods and Standards for Establishing Payment B	tates - Early and Periodic Sc	reening,		
Diagnosis and Treatment (EPSDT).				
11. GOVERNOR'S REVIEW (Check One):				
	OTHER AC OREGINED.			
GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPECIFIED:			
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED				
□ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL				
12. SIGNATURE OF STATE AGENCY OFFICIAL:	6. RETURN TO:			
Manage Officetures	Tennessee Department of Fina	nce and		
13. TYPED NAME.	Administration			
Manny Martins 14. TITLE:	Bureau of TennCare			
Deputy Commissioner	729 Church Street	EO1		
15. DATE SUBMITTED:	Nashville, Tennessee 37247-6	301		
June 27, 2003	Attn: George Woods			
FOR REGIONAL OFF	GEUSE ONLY			
	B. DATE APPROVED:			
fone 27, 2003 (4)	Pobrossy A, 2006:			
PLAN APPROVED - ON 19. EFFECTIVE DATE OF APPROVED MATERIAL:	PO SIGNATURE OF REGIONAL OFFICIAL			
1. TYPED NAME:	2 TIME: TOTAL BELLEVILLE OF THE PARTY OF THE			
	Associate Kegional Adi			
	Division of Medicald & Child			
23. REMARKS: Approved with the following changes (Item 7a: Changed from FFY 2002/2003 = \$1,250,0	authorized by SA in letter d	td 01/30/04):		
Item 7b: Changed from FFY 2003/2004 = \$5,000,0				
Item 8: Add Attachment 3.1.A.1, Item 4.b.	경기 등 기계 등 경기 등 기계 등 기계 등 기계 등 기계 등 기계 등			
Item 8: Add Attachment 3.1.B.1, Item 4.b.				
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LIMITATION ON AMOUNT, DURATION AND SCOPE OF MEDICAL CARE AND SERVICES PROVIDED

- 4.b. Early and periodic screening and diagnosis of individuals under 21 years of age, and treatment of conditions found.
 - (5) School-based health care services
 - 1. address the physical or mental disabilities of a child;
 - 2. are recommended by health care professionals; and
 - 3. are identified in a child's Individual Education Plan (IEP)

School-based services are delivered by therapy and behavioral health providers who meet federal requirements specified in 42 CFR 440.110 and 440.130, respectively, and who practice within the scope of the practitioner's license and accreditation pursuant to State law. Tennessee's provider qualifications include:

- ñ Physical Therapist or Physical Therapist Assistant must have graduated from a school of physical therapy accredited by Commission on Accreditation of Physical Therapy Education (CAPTE). Additionally, they must pass an examination conducted by the Committee on Physical Therapy to determine fitness for practice. Tennessee's accrediting process for physical therapist has been accepted by CMS.
- ñ Occupational Therapist or Occupational Therapist Assistant must have successfully completed the academic requirements of an educational program in occupational therapy approved by the committee of occupational therapy and accredited by the Committee on Allied Health Education and Accreditation of the American Medical Association in collaboration with the American Occupational Therapy Association. Additionally, they must pass the Occupational Therapy Registration Examination administered by the American Occupational Therapy Certification Board.
- ñ Speech Language Pathologist must possess at least a master's degree in speech language pathology from an accredited institution. Additionally, they must possess current Certificate of Clinical Competence (CCC) issued through the American Speech Language and Hearing Association (ASHA) in the area or licensure, or have completed the equivalent educational requirement and work experience necessary for it or have completed the academic program.
- ñ Audiologist must possess at least a master's degree in audiology from an accredited institution. Additionally, they must possess current Certificate of Clinical Competence (CCC) issued through the American Speech Language and Hearing Association (ASHA) in the area or licensure, or have completed the equivalent educational requirement and work experience necessary for it or have completed the academic program.

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Approval Date 02/03/04

LIMITATION ON AMOUNT, DURATION AND SCOPE OF MEDICAL CARE AND SERVICES PROVIDED

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- ñ Professional Counselor must have completed sixty (60) graduate semester hours, based upon a program of study with a major in counseling, completed from an institution accredited by the Southern Association of Colleges and Schools, the Counsel for Accreditation of Counseling and Related Educational Program or a comparable accrediting body. Additionally, the professional must have two years of post master professional experience and pass an examination given by the National Board for Certified Counselors (NBCC).
- n Certified or Licensed Social Workers must possess a master's or doctorate degree in social work granted by a university, college or school of social work accredited by the Council on Social Work Education. For Licensure, a Clinical Social Worker must be currently registered with the board as a certified social worker and must have had two years of supervised post-masters' clinical experience accrued entirely after receipt of CMSW which was supervised by a LCSW.
- ñ Psychologist must have one of the following: a) documentation of a doctoral degree from an educational program which is listed in the latest edition of "Designated Doctoral Programs in Psychology" complied jointly by Association of State and Provisional Psychology Board. (ASPPB) and the Canadian Register of Health Service Providers in Psychology (CRHSPP); or b) documentation of a doctoral degree from a program designated as a professional psychology program, by the Committee on Accreditation of the APA.
- Psychiatrist is qualified to provide services if they meet the following requirements:
 1) are licensed to practice medicine and surgery in the State of Tennessee; and possess a valid license from the Tennessee Licensing Board for the Healing Arts.

Services provided under the school-based health care services program are:

<u>Physical Therapy Services</u>: assessing, preventing or alleviating movement dysfunction and related functional problems; obtaining interpreting and integrating information relative to the student.

Physical Therapy services include:

- ñ Neuromotor or neurodevelopmental assessment;
- ñ Assessing and treating problems related to musculo-skeletal status;
- ñ Gait, balance, and coordination skills;
- ñ Postural control;

LIMITATION ON AMOUNT, DURATION AND SCOPE OF MEDICAL CARE AND SERVICES PROVIDED

4.b. continued

- ñ Cardio-pulmonary function;
- ñ Training an individual to perform activities of daily living;
- ñ Sensory motor and related central nervous system function;
- ñ Oral motor assessment;
- ñ Adaptive equipment assessment;
- ñ Gross and fine motor development;
- ñ Observation of orthotic devices; and
- ñ Prosthetic training

Occupational Therapy Services: Assessing, improving, developing, or restoring functions impaired or lost through illness, injury or deprivation, improving ability to perform tasks for independent functioning when functions are lost or impaired, preventing through early intervention, initial or further impairment or loss of function.

Occupational therapy services include:

- ñ training an individual to perform activities of daily living;
- n Sensory or perceptual motor development and integration;
- ñ Neuromuscular and musculo-skeletal status (muscle strength and tone, reflex, joint range of motion, postural control, endurance);
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Speech/Language Therapy Services: Assessment of children with speech and/or language disorders; diagnosis and appraisal of specific speech and/or language disorders; referral for medical and other professional attention, necessary for the rehabilitation of speech and/or language disorders; provision of speech or language services for the prevention of communicative disorders. The speech language pathologist must bill for time spent in hands-on activities with the student. This includes time spent assisting the student with learning to use adaptive equipment and assistive technology.

Speech therapy services include:

ñ Expressive language;

LIMITATION ON AMOUNT, DURATION AND SCOPE OF MEDICAL CARE AND SERVICES PROVIDED

4.b. continued

- ñ Receptive language;
- ñ Auditory processing, discrimination, perception and memory;
- ñ Vocal quality;
- ñ Resonance patterns;
- ñ Phonological;
- ñ Pragmatic language;
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- ñ Hearing screening.

Hearing or Audiology Services: Assessment of children with hearing loss; determination of the range, nature and degree of hearing loss, including the referral for medical or other professional attention for restoration or rehabilitation due to hearing disorders. Provision of rehabilitative activities, such as language restoration or rehabilitation, auditory training, hearing evaluation and speech conversation, and determination of the child's need for individual amplification.

Audiology services include:

- ñ Auditory acuity (including pure tone air and bone conduction), speech detection, and speech reception threshold;
- ñ Auditory discrimination in quiet and noise;
- ñ Impedance audiometry, including tympanometry and acoustic reflex;
- ñ Hearing aid check when it has been at least 6 months from the date of the initial fitting;
- ñ Central auditory function;
- ñ Testing to determine the child's need for individual amplification; selection and fitting of aid(s);
- ñ Evaluation of the child wearing aid(s);
- ñ Auditory training; and
- ñ training for the use of augmentative communication devices.

Specialized Transportation Services:

Specialized transportation services include transportation to receive Medicaid approved school health services. This service is limited to transportation of an eligible child to health related services as listed in a student's Individual Education Program (IEP).

The special transportation is Medicaid reimbursable if:

1. it is provided to a Medicaid eligible EPSDT child who is a student in a public school in Tennessee;

LIMITATION ON AMOUNT, DURATION AND SCOPE OF MEDICAL CARE AND SERVICES PROVIDED

4.b. continued

- 2. it is being provided on a day when the child receives an IEP health-related Medicaid covered service:
- 3. the Medicaid covered service is included in the child's IEP:
- 4. the student's need for specialized transportation service is documented in the child's IEP; and
- 5. the driver must have a valid driver's license.

Specialized transportation services are defined as transportation that requires a specially equipped vehicle, or the use of specialized equipment to ensure a child is taken to and from the child's residence to school or to a community provider's office for IEP health related services.

- 1. Transportation provided by or under contract with the school, to and from the student's place of residence, to the school where the student receives one of the health related services covered by Title XIX;
- 2. Transportation provided by or under contract with the school, to and from the student's place of residence to the office of a medical provider who has a contract with the school to provide one of the health related services covered by Title XIX; or
- 3. Transportation provided by or under contract with the school from the student's place of residence to the office of a medical provider who has a contract with the school to provide one of the health related services covered by Title XIX and returns to school.

Specialized transportation services will not be Medicaid reimbursable if the child does not receive a Medicaid covered service on the same day. When claiming these costs as direct services, each school district will be responsible for maintaining written documentation, such as a trip log, for individual trips provided. No payment will be made to, or for parents providing transportation.

Behavioral Health Services:

Behavioral health services are counseling for children and include individual, group and family therapy. Where family counseling is necessary, counseling provided to family members is for the direct benefit of the child and will be claimed as a service to the child alone. Behavioral health services include necessary assessments and reassessments where they result in the provision of IEP services. These services are covered in accordance with the requirements of 42 CFR 440.130. Behavioral health services are provided by licensed social workers, psychologists, and psychiatrists who are licensed in the state of Tennessee or are licensed in another state, but meet the licensure requirements of the state of Tennessee.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT STATE TENNESSEE

LIMITATION ON AMOUNT, DURATION AND SCOPE OF MEDICAL CARE AND SERVICES PROVIDED

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LIMITATION ON AMOUNT, DURATION AND SCOPE OF MEDICAL CARE AND SERVICES PROVIDED

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4.b. continued

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